

## HUMAN SERVICES DEPARTMENT[441]

### Adopted and Filed

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services hereby amends Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

These amendments change the requirement for a review of the treatment plan for home health services to be conducted every 60 days instead of every 62 days to conform to federal regulations, 42 CFR 440.

These amendments also define the time frame in which a face-to-face encounter between a physician or certain nonphysician practitioners and a member must occur for home health services to be received.

These amendments rescind the subrule on medical social services. Medical social services are not included in the Medicaid state plan amendment and are no longer needed due to the managed care organizations. The care coordination, case management and targeted case management services are already provided to those members who are eligible for mental health supports available through fee for service.

Finally, these amendments change the term “mental retardation” to “intellectual disability.”

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 2897C** on January 18, 2017. The Department did not receive any comments during the public comment period. These amendments are identical to those published under Notice of Intended Action.

The Council on Human Services adopted these amendments on March 8, 2017.

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4.

These amendments will become effective May 3, 2017.

The following amendments are adopted.

ITEM 1. Amend subrule 78.9(1) as follows:

**78.9(1) Treatment plan.** A plan of treatment shall be completed prior to the start of care and at a minimum reviewed every ~~62~~ 60 days thereafter. There must be a face-to-face encounter between a physician, a nurse practitioner, a clinical nurse specialist, a certified nurse-midwife, or a physician assistant and the Medicaid member no more than 90 days before or 30 days after the start of service. The plan of care shall support the medical necessity and intensity of services to be provided by reflecting the following information:

- a.* to *i.* No change.
- j.* Certification period (no more than ~~62~~ 60 days).
- k.* and *l.* No change.

ITEM 2. Rescind and reserve subrule **78.9(8)**.

ITEM 3. Amend subparagraph **78.9(9)“c”(4)** as follows:

(4) Preexisting mental or physical disabilities such as deaf, blind, ~~hemaplegic~~ hemiplegic, activity-limiting disease, sickle cell anemia, uncontrolled hypertension, uncontrolled diabetes, mental illness, or ~~mental-retardation~~ intellectual disability.

ITEM 4. Amend subparagraph **78.9(9)“d”(6)** as follows:

(6) Genetic disorders, such as Down’s syndrome, and phenylketonuria or other metabolic conditions that may lead to ~~mental-retardation~~ intellectual disability.

ITEM 5. Amend subparagraph **78.9(9)“e”(2)** as follows:  
(2) ~~Mental retardation~~ Intellectual disability or other physical disabilities necessitating long-term follow-up or major readjustments in family lifestyle.

[Filed 3/8/17, effective 5/3/17]

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EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 3/29/17.